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Under the Paperwol	Complete if Known						
Effect Fees pursuant to the Consolid	Application Number 10/660,577-Conf. #5276						
FEE TR	Filing Date September 12, 2003						
	First Named Inventor Katsuhiko ITO						
For	Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2167				
TOTAL AMOUNT OF PAYMENT (\$) 910.00			Attorney Docket	No. 0	505-1246P		
METHOD OF PAYME	NT (check all	that apply)					
Check Credit			one Other (please identi	fy):		
X Deposit Account De	posit Account Nur	mber: 02-2448 Deposit Ad	count Name:	Birch, Stev	wart, Kolasch	& Birch, LL	P
For the above-ide	ntified deposi	t account, the Director	is hereby authorize	ed to: (check	call that apply)		
x Charge fee(s) indicated b	elow	Charg	e fee(s) indi	cated below, ex	cept for the	e filing 1
	additional fee	e(s) or underpayments of and 1.17	of x Credit	any overpa	yments		
FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND EXA	MINATION FEES					
Application Type	FILII Fee (\$)	NG FEES SE <u>Small Entity</u> <u>Fee (\$) </u>	Small Entity S Fee (\$)	EXAMINA Fee (\$)	ATION FEES Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES							mall En
Fee Description						Fee (\$)	Fee (\$
Each claim over 20 (inclu				50	25		
Each independent claim o Multiple dependent claim		ing Keissues)				200 360	100 180
• •		F (A) F	Doid (\$)	BA	Itinla Dananda		100
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u>			Paid (\$) Multipl Fee (\$)			iple Dependent Claims \$)	
HP = highest number of total of				1 60	<u>: 141</u>	CC T GIG (W)	
-			Paid (\$)				_
3 - 3 =	0 ×	=					
HP = highest number of indep	endent claims pa	nid for, if greater than 3.					
	drawings exce R 1.52(e)), the	eed 100 sheets of pape e application size fee d U.S.C. 41(a)(1)(G) and	ue is \$250 (\$125 t	onically file for small en	ed sequence or tity) for each ac	computer dditional 50	
<u>Total Sheets</u> - 100 =	Extra Sheets	Number of each	additional 50 or frag			Fee P	aid (\$)
4. OTHER FEE(S)						Fees F	Paid (\$)
Non-English Specifica Other (e.g., late filing	surcharge).	ee (no small entity dis 1801 Request for co 1251 Extension for re	ntinued examina	tion (RCE) rst month	(see 37		0.00
SUBMITTED BY	, \		Domintonia - No				
Signature	1m /3	Matte	Registration No. (Attorney/Agent)	28,380	Telephone	(703) 205-800	
Name (Print/Type) James	M. Slattery	1			Date	June 6,	2007